

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**JEB 2016, INC.**

**A. Full Name (Last, First, Middle Initial)**

**MRS. KEYCHA THORNTON**

Mailing Address 225 OLD HIGHWAY 84

City	State	Zip Code
TULLOS	LA	71479-6096

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
A.J. & J. THORNTON OIL

Occupation  
OIL & GAS PRODUCER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

2700.00

**Transaction ID : SA17.125722**

Date of Receipt

**07 / 14 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

2700.00

**B. Full Name (Last, First, Middle Initial)**

**MARTHA THORNTON**

Mailing Address 137 W CANEBRAKE BLVD

City	State	Zip Code
HATTIESBURG	MS	39402-8341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.30

**Transaction ID : SA17.146455**

Date of Receipt

**08 / 06 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

195.30

**C. Full Name (Last, First, Middle Initial)**

**MARTHA THORNTON**

Mailing Address 137 W CANEBRAKE BLVD

City	State	Zip Code
HATTIESBURG	MS	39402-8341

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
HOMEMAKER

Occupation  
HOMEMAKER

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

550.30

**Transaction ID : SA17.147019**

Date of Receipt

**08 / 29 / 2015**

**CONTRIBUTION**

Amount of Each Receipt this Period

105.00

**Subtotal Of Receipts This Page (optional)**.....

3000.30

**Total This Period (last page this line number only)** .....